

# FINANCIAL IMPACT STATEMENT WORKSHEET

Please use this portion of the form to list any expenses you have had or paid as a result of this crime. Some of the sections may not apply to you. If possible, please attach copies of bills, receipts, estimates of value, replacement costs, or other evidence of the costs listed below. Please attach additional pages as necessary.

## A. Crime Related Costs

1. List any personal belongings or personal property lost, destroyed or damaged as a result of this crime and the value. This would include damage to your home, business or other real estate. (Examples of losses are: loss or damage to personal belongings such as televisions, clothing, jewelry and automobiles. You also may wish to include expenses for installing deadbolts, repairing locks, and/or any crime scene cleanup.)

\_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_

2. List any medical expenses incurred as a result of this crime. (You may wish to include expenses for doctors, medications, hospital stays, or occupational therapy, counseling, medical supplies, wheelchair rental, glasses, hearing aids, Traditional Native American Ceremonies.)

\_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_

3. Please describe any future medical or counseling expenses your doctor or therapist anticipates and attach an estimate of their costs.

\_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_

4. If you had an funeral expenses, please list them.

\_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_  
 \_\_\_\_\_\$ \_\_\_\_\_

5. Please list any other expenses you incurred. (You may wish to list items such as child care during court appearances, transportation costs for medical treatment or court appearances, installing new locks or security devices, fees incurred in changing banking or credit card accounts, moving expenses, etc.)

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

6. If you lost wages or income because you were unable to work because of the crime, had doctor or therapy visits, or attended court, please indicate the total amount of money you lost in wages. (Where possible, please attach a letter from your employer verifying the amount of lost wages or income.)

Amount of lost wages or income \$ \_\_\_\_\_

**TOTAL OF CRIME RELATED COSTS**

\$ \_\_\_\_\_

**B. Money you have received from other sources:**

1. If you have already received or expect to receive any payments or benefits from the sources below, please indicate any amounts received, name of insurance company and claim number.

**Property, Auto or Homeowners Insurance**

\$ ~~0~~

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

**Medical Insurance**

\$ ~~0~~

Name of Company \_\_\_\_\_ Claim Number \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Other (list source and amount and please use additional paper if necessary.)

\$ ~~0~~

2. Have you applied for Crime Victim Compensation Benefits? Yes \_\_\_\_\_ No ☒

If you received any compensation as a result of your claim, please list the amount.

\$ \_\_\_\_\_

Total Money Received from Insurance, Crime Victim Compensation and other sources

\$ ~~0~~

Please write any additional information you would like the judge to know about the money this crime has cost you.

SIGNATURE

DATE

3-10-10

To: Jackie Gutierrez

Medical Expenses Incurred

Treatment	Carl Haese	1000.00
		4999.99
Medication	ITC Pharmacy	479.50
Medication	Dr. Dana Young	287.48
Medication	Pharmaca Integrated Pharmacy	53.89
Treatment	Dr. George Baca MD	30.00
Medication	Be Young	135.84
		6.15
Medication	BioPure	502.13
Medication	Lexapro- Anxiety- Walgreens	
	(269.49 x 9 07/09 – 03/10)	2425.41
Medication	ITC Pharmacy-Anxiety	68.10
Medication	PSC	316.76
Medication	Pharmaca	72.57
Hospital	Hospital Emergency- Panic Attack	223.22
Treatment	Dr. Lee Gerdis- Post Traumatic Stress	
2	Disorder	2,700.00
Medication	VMHE	691.30
Medication	ITC Pharmacy	70.85
Treatment	Dr. Robert Morey	1065.18
Treatment	Dr. Merchant 12/16/08	150.00
	2/24/09	150.00
	3/30/09	150.00
	5/21/09	150.00
	6/10/09	230.00
Treatment	Debra Pirtle Reflexology	<u>700.00</u>

\$16,658.33

Other Crime Related Expenses

Guns	Sportsman Warehouse	894.53
Guns/ammo	Caliber's	504.03
Ammo	Caliber's	640.49
Guns/ammon	Caliber's	432.42
Moving Expense	Home Depot	996.31

Moving Expense	Bed Bath and Beyond	171.22
		74.49
		54.44
	Office Max	67.16
	Office Max	152.13
Moving Expense	Southwest Airlines	215.40
Moving Expense	Sam's Club	1601.14
Moving Expense	Mattress King	919.23
Moving Expense	Home Depot	234.32
Moving Expense	UPS store	99.00
Moving Expense	Frontier Air	59.60
Moving Expense	Stein Mart	108.94
Moving Expense	Home Depot	43.21
Moving Expense	Walmart	93.41
Moving Expense	Bed Bath and Beyond	156.95
		171.22
Moving Expense	Home Depot	94.59
Correspondence	UPS Store	11.00
Moving Expense	Uhaul	<u>431.00</u>

\$8226.23

Total Spent                      \$16,658.33 + \$8226.23

\$24,884.60

This figure does not include emotional and traumatic expense. This is just what we had to spend to cope with Carl Haese. This does not include emotional trauma on me and my family which I will let the court decide

Please see affidavit attached.

Pastor Todd Stockton

JACQUE -  
You should have  
this!

IF I HAVE TO TAKE  
LEXAPRO - ANTI PANIC DRUG  
FOR 3 more years, THAT  
EQUALS AN ADDITIONAL \$3600<sup>00</sup>  
NOT COVERED BY INSURANCE.

TODD



SB-38185 (02/08) WSL-53-1-E ALLIANCE BUSINESS FORMS &amp; FILING 877-425-4458

DATE	FAMILY MEMBER	DESCRIPTION	CHARGES	PAYMENT	ADJ.	CURRENT BALANCE	PREVIOUS BALANCE	N.A.M.E.
11/01/10	1000	OC	150.00	150.00		150.00	150.00	Stockton 1000
<p>THIS IS YOUR RECEIPT FOR THIS AMOUNT: <b>150.00</b></p>								
<p>THIS IS A STATEMENT OF YOUR ACCOUNT TO DATE</p>								

NEW PATIENT	ESTAB. PATIENT	LABORATORY	X-RAY
Office/BP Visit	School & Sports Physical	Pregnancy Test, Urine	
Long Visit	Breast Exam	EKG	
Industrial/Accident	Pelvic Exam	Strip, Rapid Test	
ER Follow-up	Complete Physical		
OTHER			
Suture Removal			

40mg	100mg	1cc	2cc	40mg	100mg	1cc	2cc
Aristocort + 2cc Gamma Globulin	Gamma Globulin + 2cc Alpha Rediso	Alpha Rediso	Aristocort	Alpha Rediso	Aristocort	Alpha Rediso	Aristocort
Gamma Globulin + 2cc Alpha Rediso	Gamma Globulin + 1cc Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso
Gamma Globulin + 2cc Alpha Rediso	Gamma Globulin + 2cc Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso	Alpha Rediso

MEDICATION	OTHER	IMMUNIZATIONS
0.5	99.0	Influenza Vaccine
0.5	99.0	Pneumonia Vaccine
0.5	99.0	Zostavax

DIAGNOSIS	CHARGE	DATE	TIME	LOCATION
Chronic hypoxia / Hypoxia / Fatigue	99.06	11/01/10	12:00	AT

Doctor's Signature: *[Signature]*

NOTICE TO INSURANCE COMPANY

This form has been adopted in an effort to keep our cost and paper work down. If for any reason you require your own form of itemized bill, we will be happy to complete the same upon receipt of \$20.00

TAX ID: 85-0828901

OFFICE HOURS BY APPOINTMENT ONLY

CHRISTOPHER C. MERCHANT, M.D., A.B.F.P., P.C.  
 DIPLOMATE/AMERICAN BOARD FAMILY PRACTICE  
 9201 MONTGOMERY, NE • SUITE 301  
 ALBUQUERQUE, NEW MEXICO 87111  
 (505) 821-4444

NP # 138673



**PAID IN FULL  
SPECIAL ORDER**

ORDER NAME JUDY STASKO	PHONE NUMBER [REDACTED]	APARTMENT / [REDACTED]
[REDACTED]	STATE [REDACTED]	ZIP [REDACTED]
ORDER SIGNATURE [REDACTED]		DATE [REDACTED]

[illegible]

IZING MANAGER'S SIGNATURE.

ULL TRANSACTION NUMBER

27

DATE \_\_\_\_\_

DATE: 10/1/09

ESTIMATED PICK-UP DATE

10/2/09

FOR SIGNATURE: SPECIAL ORDER COMPLETED

DATE RECEIVED

MGR'S INITIALS

**BIG 5 SPORTING GOODS -**

1624991	1 2427	341	002
---------	--------	-----	-----

3707122 REM UMC .115GR 9MM LUGER

78.99	2	157.98
* Layaway item		

0633966 REM UMC 9MM GRN BOX

* Layaway item	16.99	5	84.95
----------------	-------	---	-------

00000000 Deposits Made

255.32	1	255.32
--------	---	--------

Subtotal	255.32
----------	--------

TOTAL	\$255.32
-------	----------

Credit Card	255.32
-------------	--------

Type: Visa

Acc+##\*\*\*\*\*0287

Auth# 04203B

Layaway Acct#0034100209273002427

Amount + Tax	255.32
--------------	--------

Payments Made	255.32
---------------	--------

BALANCE	0.00
---------	------

THANK YOU FOR SHOPPING AT BIG 5!

10/01/09 11:29

**TODD STOCKTON**

RX # 1166422-03489

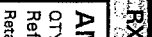
DATE: 02/25/10

**AMBIEN CR 12.5MG TABLETS**

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00024-5521-31

Retail Price: \$192.99 Your Insurance Saved You: \$27.00

**\$ 165.99****TODD STOCKTON**

RX # 1166422-03489

DATE: 02/25/10

**AMBIEN CR 12.5MG TABLETS**

QTY: 30 NO REFILLS - DR. AUTH REQUIRED

Refill NDC: 00024-5521-31

Retail Price: \$192.99 Your Insurance Saved You: \$27.00

**\$ 165.99**

YOU are having memory problems. SOME PATIENTS TAKING THIS MEDICINE have performed certain activities (eg, sleep-driving, making and eating food, making phone calls, having sex) while they were not fully awake. Patients often do not remember these events after they happen. Such an event may be more likely to occur if you use a high dose of this medicine or if you drink alcohol or take other medicines that may cause drowsiness while you use this medicine. Tell your doctor right away if such an event occurs. BEFORE YOU BEGIN TAKING ANY NEW MEDICINES, either prescription or over-the-counter, check with your doctor or pharmacist. Use this medicine with caution in the ELDERLY; they may be more sensitive to its effects, especially dizziness or drowsiness. FOR WOMEN: IF YOU BECOME PREGNANT, contact your doctor. You will need to discuss the benefits and risks of using this medicine

**KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.**

WIC# 959810

**SALES DRAFT**

MATTRESS KING

TERMINAL 1478300

325139439997

08/16/2009 12:43:42

VISA

XXXXXXXXXXXX1642

AUTH. TRANS. ID. 289228669960578

INVOICE 13003 H02

AUTH. CODE 091368

SALE TOTAL

**\$919.23**

CUSTOMER COPY

**Walgreens**  
armacy America Trusts • Since 1901™

IE. Thank you for allowing me  
you today.

THU 12:00PM  
\$100.99

02/25/10  
Refill

10 5750 03489 011  
0348-9115-7507-1002-2520

441 1 100.99  
122 1 165.99  
266.98

T#\*\*\*\*\*6501 266.98  
.00



LEX SPEND ACCT ITEM (FSA)

THANK YOU  
IE AT SELECT WALGREENS  
CALL 1-800-WALGREENS  
WWW.WALGREENS.COM/FLU

ND IT IN THE STORE?  
OM HAS THOUSANDS OF  
TEMS ONLINE

RESRIPTIONS BY JOINING  
SCRIPTION SAVINGS CLUB  
MACY FOR DETAILS

2010 12:02 PM

WE DOING?

ELY CASH SWEEPSTAKES  
THE PRIZE IS  
00 CASH

SE VISIT  
nsfeedback.com  
TOLL FREE

63-0547

S TO COMPLETE A  
3OUT YOUR RECENT  
S WALGREENS.

EY#  
15-750

ORD  
52-016

SEE STORE OR  
edback.com

nal  
ription  
nation

T INFORMATION  
CATION.

venient services:

rescription before  
the pharmacy.

dit card info on file  
rescription and go!

**Walgreens**  
rusts • Since 1901™

algreens.com

sing Walgreens!

018696 #CIM

MEDICINE FOR AN EXTENDED PERIOD OF TIME, obtain refills  
before your supply runs out.

caution: DO NOT DRIVE OR PERFORM OTHER POSSIBLY UNSAFE  
TASKS until you know how you react to it. DO NOT DRINK ALCOHOL  
while you are using this medicine. CHECK WITH YOUR DOCTOR  
BEFORE YOU USE medicines that may cause drowsiness (eg, sleep  
aids, muscle relaxers) while you are using this medicine; it may add  
to their effects. Ask your pharmacist if you have questions about  
which medicines may cause drowsiness. CHILDREN, TEENAGERS, AND  
YOUNG ADULTS WHO TAKE THIS MEDICINE may be at increased  
risk for suicidal thoughts or actions. Watch all patients who take  
this medicine closely. Contact the doctor at once if new, worsened,  
or sudden symptoms such as depressed mood, anxious, restless, or  
irritable behavior; panic attacks; unusual changes in mood or  
behavior; or any signs of suicidal thoughts or actions occur. THIS

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

TODD STOCKTON

RX # 1169441-03489

DATE: 02/25/10

LEXAPRO 20MG TABLETS

QTY: 30 2 REFILLS BEFORE 12/22/10

Refill NDC: 00456-2020-01

Retail Price: \$112.99 Your Insurance Saved You: \$12.00

DR C. MERCHANT  
MFG: FOREST  
XXX / / / KGB

\$100.99

Duplicate  
Receipt

**Walgreens**

WHITE  
FRONT: F / L  
BACK: 20

XXXI / / / KGB

Med Guide

TODD STOCKTON

RX # 1169441-03489

DATE: 02/25/10

LEXAPRO 20MG TABLETS

QTY: 30 2 REFILLS BEFORE 12/22/10

Refill NDC: 00456-2020-01

Retail Price: \$112.99 Your Insurance Saved You: \$12.00

DR C. MERCHANT  
MFG: FOREST  
XXX / / / KGB

\$100.99

Customer  
Receipt

**Walgreens**

Pharmacy use only

LEXAPRO 20MG TABLETS

00456-2020-01

CELL 41

QTY 30  
10 DRAM

THU 12:00PM

Refill



THE HOME DEPOT  
 SALE  
 STORE MANAGER  
 1540 00002 40473  
 11 PG732B  
 08/24/09  
 12:18 PM



078627581561 15FT HOSE <A>  
 049000040869 COKE ZERO 20 <A>  
 085267255636 16X25X4 FLTR <A>  
 050276821922 TORCHIERE <A>  
 400020008459 3/4" CONDUIT <A>  
 075967901974 IND VELCRO <A>  
 885911154611 30PC SET <A>  
 037155014866 HANDLE <A>  
 092097295032 STUDSOLVER <A>  
 204.95 HD POLE SCKT <A>  
 077355001006 DEADBOLT <A>  
 883351145923 SUBTOTAL  
 201.98 SALES TAX  
 077355001006 TOTAL  
 883351145923 VISA  
 AUTH CODE 00817B/9025786

7.47  
 1.38N  
 30.88  
 24.97  
 27.48  
 9.97  
 9.90  
 99.43  
 223.90  
 11.30  
 \$234.32  
 234.32  
 TA



1540 02 40473 08/24/2009 2656  
 RETURN POLICY DEFINITIONS  
 POLICY ID 11/22/2009  
 DAYS 90  
 THE HOME DEPOT RESERVES THE RIGHT TO  
 LIMIT / DENY RETURNS. PLEASE SEE THE  
 RETURN POLICY SIGN IN STORES FOR  
 DETAILS.

\*\*\*\*\*  
 GUARANTEED LOW PRICES  
 LOOK FOR THOUSANDS OF  
 LOWER PRICES STOREWIDE  
 ENTER FOR A CHANCE  
 TO WIN A \$5,000  
 HOME DEPOT GIFT  
 CARD!

Share Your Opinion With Us! Complete  
 the brief survey about your store visit  
 and enter for a chance to win at:  
[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

¡PARTICIPE EN UNA  
 OPORTUNIDAD DE GANAR  
 UNA TARJETA DE  
 REGALO DE \$5,000!  
 DE \$5,000!

Comparta Su Opinión! Complete la breve  
 encuesta sobre su visita a la tienda y  
 tenga la oportunidad de ganar en:  
[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

User ID:  
 82775 81237  
 Password:  
 424 81235

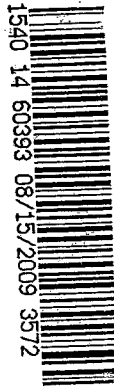
entered by 09/23/2009  
 18 on older to entr  
 les on website  
 necessary.

**THE HOME DEPOT**  
 JOHN [REDACTED] STORE MANAGER [REDACTED]

SALE 1540 00014 60393 08/15/09  
 22 GAN5P8 09:41 AM



723105200037 96 GAL CART <A> 90.00  
 SALES TAX 4.59  
 TOTAL \$94.59  
 XXXXXXXXXXXXX9203 DEBIT 94.59  
 AUTH CODE 361764



1540 14 60393 08/15/2009 3572

RETURN POLICY DEFINITIONS  
 POLICY ID DAYS POLICY EXPIRES ON  
 A 1 90 11/13/2009

THE HOME DEPOT RESERVES THE RIGHT TO  
 LIMIT / DENY RETURNS. PLEASE SEE THE  
 RETURN POLICY SIGN IN STORES FOR  
 DETAILS.

GUARANTEED LOW PRICES  
 LOOK FOR THOUSANDS OF  
 LOWER PRICES STOREWIDE  
 \*\*\*\*\*

ENTER FOR A CHANCE  
 TO WIN A \$5,000  
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Share Your Opinion With Us! Complete  
 the brief survey about your store visit  
 and enter for a chance to win at:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

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 OPORTUNIDAD DE GANAR  
 UNA TARJETA DE  
 REGALO DE THD  
 DE \$5,000!

The UPS Store -

03/08/10 12:55 PM

We are the one stop for all your shipping, postal and business needs. We offer all the services you need to keep your business going.

Page 11 of 12



1 500315 (018) TO \$ 2.00  
SENDING  
2 500313 (018) \*\*\*\*\* TO \$ 4.00  
PER PAGE AFTER 1ST QTY 4  
Reg Unit Price \$ 1.00 TO \$ 5.00  
3 000003 (011) TO \$ 5.00  
Notary

Subtotal \$ 11.00  
Total \$ 11.00

VISA \$ 11.00  
\*\*\*\*\*1204

Receipt ID 83295788142479888330 006 Items  
JHS CAMERON Tran: 2753 Reg: 001

For more info or to track your package  
Please visit: WWW.THEUPSSTORE.COM

Whatever your business and personal needs, we are here to serve you.

ENTER FOR A CHANCE TO  
WIN \$1000

We value your feedback  
To enter please complete the customer  
satisfaction survey located at:

WWW.theupsstore.com/survey

OfficeMax

OfficeMax

Tell us about your shopping experience  
and enter to win prizes. Visit  
WWW.officemax.com/store/survey  
to enter and to view the terms and  
conditions of entering the survey.

00011491996192 \$49.99  
48" x 24" Folding Table  
049000040669 \$1.49 N  
Coca Cola Zero 200z  
071641166752 \$6.79  
Vis-A-Vis Asst Card 5ct  
400217236092 \$5.99 N  
3yr Furniture SVC \$0-49  
Sales Associate: 00387245

Subtotal \$64.26  
Tax 5.100% \$2.90  
TOTAL \$67.16

VISA \$67.16  
Card number: XXXXXXXXXXXX0287  
Authorization 09851B

For MaxAssurance Questions or  
Concerns Call 1-866-805-9095

77440556  
1316 00003 92175 6 08/25/09  
00387245 11:11:29 AM

ORDER BY PHONE 1-877-OFFICEMAX



CLUB MANAGER JIM  
Fax and Mail #  
08/15/09 11:56 5123 6634 038 3008  
V MEMBER 101-\*\*\*\*\*2852

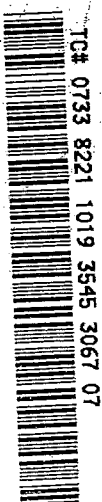
THANK YOU,  
BROOKLY STOCKTON

466450 LTR RECLINER 239.01 T  
345491 LTHR GROUP 1,260.01 T  
SUBTOTAL 1,499.02  
TAX 1 6.813 % 102.12  
TOTAL 1,601.14  
DEBIT TEND 1,601.14  
CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY  
ACCOUNT : 9203  
1,601.14 TOTAL PURCHASE  
REF # 922700789703  
Funds Not Available by Issuing Bank,  
Please call Bank for more information.  
08/15/09 12:00:13

EFT DEBIT PAY FROM PRIMARY  
ACCOUNT : 9233  
1,601.14 TOTAL PURCHASE  
REF # 922700430197  
NETWORK ID: 0090 APPR CODE 279557  
08/15/09 12:00:46

# ITEMS SOLD 2



WE VALUE YOUR OPINION  
WE WANT TO KNOW ABOUT YOUR SHOPPING  
EXPERIENCE TODAY AT SAM'S CLUB  
Please complete a survey about today's club visit at:  
http://www.survey.samsclub.com

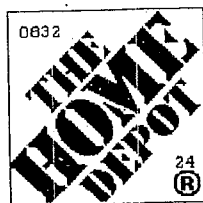
IN RETURN FOR YOUR TIME YOU COULD RECEIVE  
ONE OF FIVE \$1,000 SAM'S CLUB SHOPPING CARDS  
You must be 18 or older and a legal resident of the  
United States to enter. No purchase necessary to win.  
To enter without purchase and for official rules visit:  
www.entrysurvey.samsclub.com



THE HOME DEPOT 1540

JOHN [REDACTED] STORE MANAGER [REDACTED]

1540 00059 30664 09/24/09  
 SALE 14 SCOT59 03:03 PM



043168493444 75W 2XL 6P <A> 3.17  
 762148098454 14 WATT 4PCK <A> 7.97  
 019293105910 FLOOR LAMP <A> 29.97  
 SUBTOTAL 41.11  
 SALES TAX 2.10  
 TOTAL \$43.21  
 XXXXXXXXXXXX6501 DEBIT 43.21  
 AUTH CODE 562610



1540 59 3066 09/24/2009 0832

RETURN POLICY DEFINITIONS  
 POLICY ID DAYS POLICY EXPIRES ON  
 A 1 90 12/23/2009

THE HOME DEPOT RESERVES THE RIGHT TO  
 LIMIT / DENY RETURNS. PLEASE SEE THE  
 RETURN POLICY SIGN IN STORES FOR  
 DETAILS.

GUARANTEED LOW PRICES  
 LOOK FOR THOUSANDS OF  
 LOWER PRICES STOREWIDE

\*\*\*\*\*

ENTER FOR A CHANCE  
 TO WIN A \$5,000  
 HOME DEPOT GIFT  
 CARD!

Share Your Opinion With Us! Complete  
 the brief survey about your store visit  
 and enter for a chance to win at:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

¡PARTICIPE EN UNA  
 OPORTUNIDAD DE GANAR  
 UNA TARJETA DE  
 REGALO DE THD  
 DE \$5,000!

¡Comparta Su Opinión! Complete la breve  
 encuesta sobre su visita a la tienda y  
 tenga la oportunidad de ganar en:

[www.homedepot.com/opinion](http://www.homedepot.com/opinion)

User ID:

WE VALUE YOUR OPINION!

WE WANT TO KNOW ABOUT YOUR SHOPPING  
 EXPERIENCE TODAY AT WAL-MART.

Please complete a survey about  
 today's store visit at:

<http://www.survey.walmart.com>

You will need to enter the  
 following online:

ID #: 79DLLRFKGM8

IN RETURN FOR YOUR TIME YOU COULD  
 RECEIVE ONE OF FIVE \$1000  
 WALMART SHOPPING CARDS

Must be 18 or older and a legal  
 resident of the 50 US or DC to  
 enter. No purchase necessary to  
 enter or win. To enter without  
 purchase and for complete official  
 rules visit  
[www.entry.survey.walmart.com](http://www.entry.survey.walmart.com).  
 Sweepstakes period ends on the date  
 shown in the official rules. Survey  
 must be taken within TWO weeks  
 of today.

Esta encuesta también se encuentra  
 en español en la página del Internet

THANK YOU

**Walmart** ✱  
 Save money. Live better.

WE SELL FOR LESS  
 MANAGER HEATHER [REDACTED]

ST# 1252 OP# 00003000 TE# 17 TR# 06271  
 4INTOPPER TW 084155003389 88.88 X  
 SUBTOTAL 88.88  
 TAX 1 5.100 % 4.53  
 TOTAL 93.41  
 DEBIT TEND 93.41  
 CHANGE DUE 0.00

EFT DEBIT PAY FROM PRIMARY  
 ACCOUNT : 1204  
 93.41 TOTAL PURCHASE  
 REF # 925500769912  
 NETWORK ID. 0071 APPR CODE 469108  
 09/11/09 21:56:11

# ITEMS SOLD 1

TC# 4181 6932 2542 8431 9402



Just ask. We match their advertised  
 prices so back-to-school costs less.  
 09/11/09 21:56:13